



Triage Tool

Name

Date

We are here to help you set and achieve your GOALS! As a first step we want to be sure we understand where you are coming from. This form will help us connect you with services and activities of interest to you. **Leave anything blank that you do not want to answer.** Thanks for answering these questions!

Questions

1. Why did you come in today? What are you looking for?

2. What should I know about you?

Yes No

3. Are you currently employed? If so, how many hours a week do you work? _____
If no, would you like more information about our employment services? Yes No

4. Do you have a high school diploma or GED?

5. Are you currently attending school? (if so please fill in below)

Name of school/location:

Class schedule (please select day(s) you attend): M T W Th F Sa

6. Can you think of anything that is preventing you from participating in work and/or training related activities? If yes, what comes to mind?

7. Are you a current/former foster youth between the ages of 16-24?

8. Do you feel safe and stable right now? If no, why not?

9. Have you ever applied, or are you now in the process of applying for SSI/SSP/SDI?

If yes, date applied: _____

Outcome: Denied Approved Appealing Awaiting decision

10. Would you like more information about services related to anything below?

Counseling Help with addictions/substance abuse Help with violence at home

Anger management Housing assistance

Signature

Date